

# Care Alliance

## Health Center

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July 13, 2016

The Honorable Secretary Sylvia Burwell  
Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Honorable Secretary Burwell and Centers for Medicare and Medicaid Services,

On behalf of Care Alliance Health Center, we write to comment in **opposition** to the proposed Healthy Ohio 1115 Medicaid waiver program. As it is written, the Healthy Ohio waiver program would significantly disrupt coverage for many of Cleveland's medically-vulnerable and low-income citizens. The program would also needlessly impose detrimental cost increases and inefficiencies upon patients, community health care providers, and our local health care system. Because the terms of the statutes authorizing the Healthy Ohio waiver are non-negotiable, for the reasons explicated in this letter, we urge the Centers for Medicare and Medicaid Services to reject the waiver program proposal out right.

Care Alliance is a Federally Qualified Health Center (FQHC) and Level 3-recognized National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home that provides health care to low-income individuals and families living in Cleveland, Ohio. Care Alliance was founded in 1985 as one of our nation's original 19 Robert Wood Johnson Foundation/Pew Health Care for the Homeless (HCH) pilot programs. Our mission is to provide high-quality, comprehensive medical, dental, and related services to people who need them most, regardless of their ability to pay. In 2015, we provided nearly 50,000 medical, dental, behavioral health, and wraparound services visits to 5,186 homeless individuals and 6,992 individuals living in public housing in Cleveland. 92% of our patients live at or below 100% of the Federal Poverty Level, with up to 70% of patients earning an annual income of \$0. Many of our patients experience low health literacy and significant trauma in their lives, which greatly impacts their acceptance of and adherence to novelty in health care and social service delivery, be it a new doctor, a new Medicaid waiver program, or otherwise new service.

Care Alliance is distinctively well-positioned to provide the following time-tested and demonstrable commentary about the provider- and patient-level consequences of implementing a 1115 waiver program like Healthy Ohio. In 2013, we served as one of two FQHC primary care provider partners for a previously accepted 1115 waiver, MetroHealth Care Plus, which was implemented as a precursor to statewide Group 8 Medicaid extension in Ohio in 2014. Although the required administrative and

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outreach and enrollment efforts were taxing, the rewards were fulfilling for both patients and participating provider entities. During the MetroHealth Care Plus demonstration, over 36,000 individuals in Cuyahoga County were granted access to coverage, costs were 29% (\$41 million) below budget neutrality estimates, and improvements in diabetes care and screening rates ensued.<sup>1</sup> Unlike the 2013 MetroHealth Care Plus waiver program, the proposed Healthy Ohio waiver program would not be worthwhile for either patients or providers in our community. It would be administratively burdensome, and it would disrupt coverage and significantly hinder current Ohio Medicaid enrollment efforts for those whom are vulnerable in our community. Worse, as a result, Healthy Ohio could jeopardize health outcomes among the homeless, chronically ill, mentally ill, and individuals living with HIV/AIDS.

### **Opposition Overview: Healthy Ohio Program – Disruptive Coverage, Bad Business, & Inconsistent with the Affordable Care Act (ACA) and Social Security Act Section 1115**

We applaud Governor John Kasich and his administration for championing Medicaid extension in Ohio in 2014. The current Ohio Medicaid program satisfies the core ethos and decrees of the Affordable Care Act, and it continues to be efficacious for providers and beneficial for low-income and medically-vulnerable citizens. To date in Ohio, over 640,000 additional Ohioans now have coverage as a result of Medicaid extension and more than 2.9 million Ohioans, or 25% of the state's population, are enrolled in Ohio Medicaid. The vast majority of Care Alliance's primary patient population, ergo Cleveland's homeless population in general, has greatly benefited from Group 8 Medicaid extension in Ohio. Whereas in 2011, 88% of Care Alliance patients were uninsured, through incredible collective effort, now only 32% of our patients lack coverage and remain vulnerable to the harmfulness of being uninsured in America. In fact, across the U.S., there have been significant coverage gains among patients in Health Care for the Homeless projects since implementation of the ACA, with much larger increases among patients at HCH projects in states that expanded Medicaid compared to non-expansion states.<sup>2</sup> That said, although the current Ohio Medicaid program provides a workable framework within which local safety-net providers are able to reach, educate, and enroll Ohioans into coverage, our work is not yet finished. Now is not the time to overhaul the program, especially not for a proposed demonstration program like Healthy Ohio. Healthy Ohio would disrupt coverage and jeopardize the trust we have established with Cleveland's homeless population about the concept and utilization of health coverage – a concept that is still overwhelmingly foreign for many homeless and otherwise poverty-stricken individuals in Cuyahoga County. Now is not the time to let our tireless outreach, education, and enrollment efforts go for naught.

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that promote the objectives of the Medicaid and

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<sup>1</sup> Cebul, Randall D., Thomas E. Love, Douglas Einstadter, Alice S. Petrulis, and John R. Corlett. "Health Affairs." MetroHealth Care Plus: Effects Of A Prepared Safety Net On Quality Of Care In A Medicaid Expansion Population. July 2015. Available online via: <http://content.healthaffairs.org/content/34/7/1121.short?cited-by=yes>.

<sup>2</sup> Warfield, Matt, Barbara DiPietro, and Samatha Artiga. "How has the ACA Medicaid Expansion Affected Providers Serving the Homeless Population: Analysis of Coverage, Revenues, and Costs." *The Kaiser Commission on Medicaid and the Uninsured*. Kaiser Family Foundation. March 2016. Available at: <http://kff.org/medicaid/issue-brief/how-has-the-aca-medicaid-expansion-affected-providers-serving-the-homeless-population-analysis-of-coverage-revenues-and-costs/>

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CHIP programs. The purpose of these demonstrations, which give states additional flexibility to design and improve their programs, is to demonstrate and evaluate policy approaches such as:

- Expanding eligibility to individuals who are not otherwise Medicaid or CHIP eligible;
- Providing services not typically covered by Medicaid; or
- Using innovative service delivery systems that improve care, increase efficiency, and reduce costs.

For our patient population, the proposed Healthy Ohio program would decrease enrollment by those whom received coverage under the current Ohio Medicaid program, especially among Cleveland's homeless population, ipso facto limiting access to primary and specialty care services throughout the Cleveland health care network. The program would also intentionally impose inefficiencies and increased costs upon patients and community health care providers.

As we know, there are specific criteria by which CMS determines whether Medicaid/CHIP program objectives would be satisfied by a waiver program like Healthy Ohio. From our perspective, Healthy Ohio would be inconsistent with the Section 1115 criteria in the following ways:

Section 1115 Demonstration Criteria	Healthy Ohio Inconsistency
1. Increase and strengthen overall coverage of low-income individuals in the state;	<b>Criterion not satisfied.</b> The proposed Healthy Ohio waiver program would disrupt coverage for thousands of low-income and medically-vulnerable Ohioans, especially Cleveland's homeless population. Introducing a new Medicaid coverage program that includes a premium payment requirement for those whom currently receive coverage under the Ohio Medicaid program would result in dropped coverage and coverage evasion. We suspect uninsured rates among all segments of the current Ohio Medicaid population will initially increase as a result of Healthy Ohio. As we know, premiums have led to declines in enrollment in other states, including Oregon and Wisconsin. For example, in Oregon enrollment dropped by 50% after premiums were instituted, with the largest drop in

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	<p>enrollment among those with the lowest income.<sup>3</sup></p> <p>Indeed, among our higher low-income patients, including individuals living in public housing, consumers have reported that the new premiums will result in fellow Clevelanders electing to drop their coverage altogether. There is strong perception that the proposed premium payments will be too cumbersome to afford. We are very concerned that the Healthy Ohio program will permit dropping coverage for those whom elect not – or cannot afford – to pay their monthly premiums. We are also concerned about Healthy Ohio’s emphasis on linking health coverage to job training: Medicaid is a health insurance program, no longer a social welfare program.</p> <p>We praise ODM for protecting individuals with no income from the requirement to contribute to the Buckeye Account. However, the new health savings account, point system, and debit card-based system will be unconditionally too cumbersome for many homeless individuals to either comprehend or use in practice. Low literacy – and especially low health literacy – is a reality among the homeless population. Mental health illness and trauma rates are high. It would be difficult to receive or use Buckeye Account cards, just as it has been difficult for many homeless individuals to maintain and use Ohio Direction Cards/EBT.</p> <p>It has taken substantial staff effort and organizational investment over the past two years to provide education on the once foreign concept of health coverage, to build trust among Cleveland’s homeless population about using health coverage, and to begin to change</p>
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<sup>3</sup> Center for Community Solutions. *New Medicaid Waiver Proposal Will Disrupt Coverage and Increase Costs*. Available at: [http://www.communitysolutions.com/assets/docs/Public\\_Policy\\_incl\\_testimony/1115%20waiver%20fact%20sheet\\_healthy%20ohio\\_11232015.pdf](http://www.communitysolutions.com/assets/docs/Public_Policy_incl_testimony/1115%20waiver%20fact%20sheet_healthy%20ohio_11232015.pdf).

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	<p>health behaviors for the better. For the homeless, competing daily necessities for basic survival often trump the ability to prioritize health care decision-making. Healthy Ohio would very likely jeopardize the enrollment progress made to date with Cleveland's homeless patient population, individuals who have historically experienced favorable services (i.e., the current Ohio Medicaid program) being replaced with less beneficial programs like Healthy Ohio.</p> <p>There would be limited buy-in for Healthy Ohio among low-income patients in Cleveland, and the program would likely be ineffective in its nascent stages, if not indefinitely. In effect, the Buckeye Account concept will systematically establish a significant barrier to both coverage and access to care for those whom are most vulnerable in our community. Compared to the current Ohio Medicaid program, the Healthy Ohio program would be inconsistent with the core tenets and requirements of the ACA.</p>
<p>2. Increase access to, stabilize, and strengthen providers and provider networks available to serve Medicaid and low-income populations in the state;</p>	<p><b>Criterion not satisfied.</b> The proposed Healthy Ohio waiver program would disrupt coverage for thousands of low-income and medically-vulnerable Ohioans. Disrupted or dropped coverage will hinder access to care and interrupt treatment and care plans involving specialty care services at local hospitals.</p> <p>As proposed, Healthy Ohio could cost Ohio hospitals up to \$2.5 billion over the course of the demonstration.<sup>4</sup> High and new costs do not help stabilize our local provider network. How would our local hospitals respond to Healthy Ohio coverage options? Would existing managed care contracts be jeopardized over time? For individuals who lose coverage as a result of Healthy Ohio, would hospitals be able</p>

<sup>4</sup> Virgil Dickinson. "Ohio Medicaid waiver could cost hospitals \$2.5 billion." *Modern Healthcare*. April 2016. Available at: <http://www.modernhealthcare.com/article/20160422/NEWS/160429965>

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	<p>to continue to provide care to newly uninsured patients via a diminishing Disproportionate Share Hospital program (DSH) under the current Hospital Care Assurance program (HCAP) in Ohio, with overall DSH reductions expected to total \$18.1 billion by 2020?<sup>5</sup></p> <p>Healthy Ohio would be financially burdensome and potentially destabilizing for community-level and safety-net practices over the course of the proposed program. Higher insured rates have positively affected our payer mix, allowing for new services to combat key public health issues at the community level, including lack of dental care, substance abuse, and infant mortality. Particular health care costs would be shifted back to safety-net providers like Care Alliance, including prescription drug expenses for those whom lose or evade coverage. Implementing the complicated Buckeye Account system and pursuant new operational processes would also impose short-term administrative and sunk cost burdens upon community-level practices. It is no surprise that Arkansas recently eliminated the imposition of health savings accounts and cost-sharing requirements on participants below 100% of the FPL due to high administrative costs.<sup>6</sup></p>
3. Improve health outcomes for Medicaid and other low-income populations in the state; or	<p><b>Criterion not satisfied.</b> At Care Alliance alone, since the extension of the current Medicaid program in 2014, increased coverage has resulted in increased access for patients, realized by a rise in overall primary care and specialty care visits per year per patient. Appointment adherence and the ability to easily be seen for specialty care at local hospitals are essential to improving health outcomes. Increased visits per patient have</p>

<sup>5</sup> The Center for Health Affairs. *Medicaid and Hospital Care Assurance Program*. Available at: <http://www.chanet.org/FinanceAndReimbursement/MedicaidHCAP.aspx>.

<sup>6</sup> Little, Marquita. "Arkansas Medicaid Private Option Approved by Legislature." *Georgetown University Health Policy Institute - Center for Children and Families*. February 2015. Available at: <http://ccf.georgetown.edu/all/arkansas-governor-hutchison-takes-pragmatic-approach-medicaid-private-option/>.

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	<p>promoted treatment adherence and improved population-level health outcomes. For example, 62.6% of total Care Alliance patients diagnosed with diabetes mellitus had controlled glycated hemoglobin (HbA1c) in 2015, an improvement from 2014 and 2013. In 2015, being enrolled in health insurance, especially Medicaid, increased the likelihood of managing chronic conditions like diabetes mellitus, when compared to uninsured patients with the same diagnosis. Among Medicaid-insured Care Alliance patients in 2015, 66.2% had controlled HbA1c levels, while only 47.9% of our uninsured patients had their HbA1c levels and diabetes mellitus under control. Coverage promotes easier access to necessary exams (i.e., eye exams), prescription medicines, and specialty care for comorbid conditions.</p> <p>Disenrollment would negatively impact health outcomes and the financial security for low-income patients, particularly the medically frail, persons with serious and persistent mental illness, victims of domestic abuse, foster children, women with breast and/or cervical cancer, and individuals living with HIV/AIDS. Lack of access through disenrollment will put individuals at risk for negative health outcomes, for example, lower birth weight for babies of new mothers and higher HIV transmission rates among individuals not accessing Ryan White and other essential HIV/AIDS care management services.</p>
<p>4. Increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.</p>	<p><b>Criterion not satisfied.</b> In time, disruption in coverage for our patients could negatively affect our ability to maintain the comprehensive level of services necessary to optimally operate the NCQA (or Joint Commission) PCMH care delivery model. Healthy Ohio would thus jeopardize our ability to most efficiently operate by the standards expected of us by the U.S. Health Resources and Services Administration (HRSA). Healthy</p>

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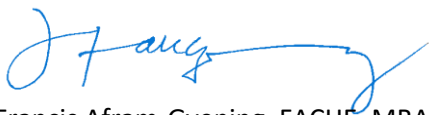
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	<p>Ohio would reinject fragmentation into the local health care delivery system for low-income and medically-vulnerable patient populations. As noted above, coverage promotes efficient care coordination and access to prescription medicines and specialty care for comorbid conditions.</p> <p>At the practice level, the new Buckeye Account system would introduce complications and administrative inefficiencies across our practice– from intake to follow up for patients, from training to implementation for staff. Healthy Ohio would result in disrupted and dropped coverage for many Ohioans. From our experiences with the 2013 MetroHealth Care Plus 1115 waiver program, we are confident there would be gaps in care and new application inefficiencies introduced even for those whom would ultimately successfully transfer over to Healthy Ohio coverage. Treatment and care plans would be jeopardized at the get-go. For clinicians, interruption of coverage for their patients would likely be confusing and difficult to manage, especially for patients with chronic diseases and co-morbid conditions.</p>
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We again thank you for the opportunity to comment in opposition to the proposed Healthy Ohio 1115 Medicaid waiver program, a program that would significantly disrupt coverage for Cleveland’s most medically-vulnerable citizens and impose unfavorable cost increases and inefficiencies upon patients, community health care providers, and our local health care system. We urge the Centers for Medicare and Medicaid Services to reject the waiver program proposal out right, as Healthy Ohio would be inconsistent with the ethos and requirements of the ACA and the Social Security Act’s Section 1115.

Respectfully,



Francis Afram-Gyening, FACHE, MBA, MPH

President & Chief Executive Officer  
Care Alliance Health Center

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